

**CHILD CARE FACILITY IMPROVEMENT GRANT
QUARTERLY REPORT INSTRUCTIONS**

1

Access to the Child Care Facility Improvement Grant Quarterly Report is obtained from the Missouri Department of Social Services, Children's Division, Early Childhood Grants & Resources webpage at <http://www.dss.mo.gov/cd/early/index.htm>.
To log in, click the link to the Quarterly Report in the Child Care Facility Improvement Grant section.

Quarterly Reports are due to the state agency within thirty (30) calendar days following the last day of the quarter being evaluated.

1st Quarterly Report (Jul-Sep) = Due Oct 31
2nd Quarterly Report (Oct-Dec) = Due Jan 31
3rd Quarterly Report (Jan-Mar) = Due Apr 30
4th Quarterly Report (Apr-Jun) = Due Jul 31

ALL QUARTERLY REPORTS MUST BE COMPLETED AND SUBMITTED ELECTRONICALLY. THE CONTRACTOR SHALL ONLY SUBMIT A PAPER REPORT IF THE ELECTRONIC REPORT IS UNAVAILABLE AND WITH PERMISSION OF THE STATE AGENCY.

ANY ITEM MARKED WITH AN ASTERISK (*) IS REQUIRED INFORMATION.

DATES: Use the DD/MM/YYYY format when entering dates. A small calendar icon will display to the right of each date entry field. You may click on the calendar to display it and then click the arrows to page forward or backwards within the calendar. Select the desired date and the date will then display in the entry field.

VENDOR LOGIN:

Vendor #: Enter the Vendor Number assigned to you by the Department of Social Services (DSS). (This Vendor # will be provided to you via E-mail by the DSS Administrator with a password that will enable you to access the Quarterly Report system.)

Password: Enter your password. (Your initial Password will be provided to you via E-mail by the DSS Administrator with a Vendor # that will enable you to access the Quarterly Report system.)

Login: Click this button and the Vendor Information associated with the assigned Vendor # will display.

NOTE: The first time you log in, you will be provided the opportunity to change your password. To do this, click OK when you are invited to set up your account.

Vendor Account Setup:

Vendor: Your Vendor # will display.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

2

Old Password: The password that was provided to you by E-mail will not display but will be represented by dots.

New Password: Enter the new password that you desire. Passwords must be a minimum of six (6), but may be a maximum of 15, characters, using any combination of letters, symbols, or numbers, and are case sensitive.

Retype New Password: Enter the new password again.

Secure Question: Use the drop-down menu to select a secure question to answer in case you forget your password.

Answer: Enter the answer to the secure question that you selected.

E-mail: The E-mail address assigned to your contract will display.

E-mail Verification: Click "Yes" to receive confirmation of the password change at the above-referenced E-mail address.

Save Settings: Click this button to save your entries.

VENDOR INFORMATION:

Update Information: Click this button to update contact information for this Vendor. (Other Vendor information is maintained by the DSS Administrator.)

Vendor Contact Information Update: Enter changes for the following as necessary:

- **Contact Person**
- **Phone Number**
- **Fax Number**
- **E-mail Address**
- **CACFP Contract Dates**
- **Accreditation Dates**
- **Accreditation Agency**

HOME: Click this button to return to the Vendor Information page.

SAVE CHANGES: Click this button to save changes and return to the Vendor Information page.

ENTER NEW REPORT:

Contract Year: Select the program year from the drop-down menu for which you wish to enter a quarterly report. (The program year is the year in which your contract ends. For example, if your contract runs September 1, 2010 through June 30, 2011, the Contract Year for that contract is 2011.)

Report Quarter: Select the quarter (1st, 2nd, 3rd, or 4th) from the dropdown menu for which you wish to enter a quarterly report.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

3

Contract #/Amendment #/Program/DVN: Select the contract number, amendment number, program, and DVN combination for which you wish to enter a quarterly report.

CONFIRM NEW REPORT CREATION:

Confirm/Proceed: Click this if you wish to create the quarterly report.

Cancel: Click this if you do not wish to create the quarterly report.

[PEND REPORT]: Once you have started a report, you may pend it, that is, save and return to it at a later time to finish it. Do this by clicking the blue **[Pend Report]** link at the top of the page, and you will be returned to the **VENDOR INFORMATION** page. The following message will display: **Report Saved, Complete Report by Clicking 'View Submitted or Pending Reports'.**

VIEW SUBMITTED OR PENDING REPORTS:

To view a submitted or view and/or edit a pending report:

VIEW SUBMITTED OR PENDING REPORTS: Click this link to access a list of the submitted or pending reports for your vendor number.

VENDOR (CONTRACTOR'S NAME) CONTRACT LIST:

Contract #/Amendment #/Program/DVN: Select the contract number, amendment number, program, and DVN combination for which you wish to enter, view, or edit a quarterly report.

Report # or Report Status: Click either of these links to access the submitted report or the pending report you wish to view or edit.

To revise a submitted report:

VIEW SUBMITTED OR PENDING REPORTS: Click this link to access a list of the submitted or pending reports for your contract.

VENDOR (CONTRACTOR'S NAME) CONTRACT LIST:

Contract #/Amendment #/Program/DVN: Select the contract number, amendment number, program, and DVN combination for which you wish to enter, view, or edit a quarterly report.

Report # or Report Status: Click either of these links to access the submitted report or the pending report you wish to view or edit.

SUBMIT REQUEST FOR REVISION: Click this link to submit an E-mail request to the State agency to unlock the selected report. You will receive an E-mail when the report has been unlocked, and you can then access, edit, and resubmit it.

QUARTER TOTALS:

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

4

Enter data for each of the following categories to indicate the level of service that you provided during the reporting quarter.

- **Infants 0-11 Months** ((Per DHSS/Section for Child Care Regulation, an infant is "any child under twelve (12) months of age.))
- **Toddlers 12-23 Months** ((Per DHSS/Section for Child Care Regulation, a toddler is "any child between twelve to twenty-four (12-24) months of age.))
- **Preschool 2-5 Years** ((Per DHSS/Section for Child Care Regulation, a preschool child is "any child two through five (2-5) years of age who is not in kindergarten for five- (5-) year-old children.))
- **School Age 5+ Years** ((Per DHSS/Section for Child Care Regulation, a school-age child is "any child five (5) years of age or older who is in kindergarten or elementary school.))

NOTE: It is possible that the children served in your program will change age groups during the reporting quarter. Count children for your Quarterly Report based on the age they are at the beginning of the reporting quarter or the age they are at the end of the reporting quarter but not both. Either is acceptable as long as you do not duplicate the count, that is, count them in both quarters. You must report numbers consistently from quarter to quarter throughout the program year, that is, you always count children based on their age at the beginning of the reporting quarter OR you always count children based on their age at the end of the reporting quarter.

If you are a Family Home serving a mixture of infants and toddlers, your licensed capacity is somewhat fluid, depending on the number of children in care and the number of adults present. Therefore, for the purposes of reporting for this grant, you should determine what your "usual" mixture of children is and list that as your capacity and continue to use that established capacity throughout the life of your grant. While your reported number of children served within each age group may actually change, the capacity totals will not and will provide DSS a baseline for comparison purposes.

Totals: Totals for each column will calculate and display automatically based on your entries for each of the categories listed above.

Licensed Capacity: Enter your licensed capacity, as indicated on your current child care license, for each of the indicated age groups.

Total Number Served: Enter the number of children served for each of the indicated age groups.

Number of New Children Served: Enter the number of children served that you had not previously served during the current contract year for each of the indicated age groups.

Number of Children served last quarter still receiving services: Enter the total number of children served in the previous reporting quarter that you continue to serve in the current reporting quarter for each of the indicated age groups. (Example: Sue Smith received services in December during the second quarter and also received services in January during the third quarter, which is the current reporting quarter, and would be counted here.)

**CHILD CARE FACILITY IMPROVEMENT GRANT
QUARTERLY REPORT INSTRUCTIONS**

5

Number of Children Served year to date: Enter the *unduplicated* total number of children served at some time during the program year through the end of the quarter for each of the indicated age groups. **"Unduplicated"** means that each child is only counted **once**.

Number of DSS Income-Eligible Children Served: Enter the total number of *unduplicated* children authorized for care at your facility during the quarter because the children were eligible for DSS child care subsidy due to their family's income.

Number of DSS Foster Care Children Served: Enter the total number of *unduplicated* children authorized for care at your facility during the quarter because the children were eligible for DSS child care subsidy due to being foster children.

Number of DSS Adoptive Children Served: Enter the total number of *unduplicated* children authorized for care at your facility during the quarter because the children were eligible for DSS child care subsidy due to being Missouri adoptive children.

Number of Own/Relative Children Served: Enter the total number of *unduplicated* children served during the quarter included in the **"Number of Children Served Year to Date"** that were your own through blood, marriage, or adoption up to the third degree. (Children, grandchildren, and siblings would count. Great-grandchildren, nephews/nieces, and cousins would not count.)

Percentage of MO DSS Subsidy Care Children Served in Quarter: This will automatically calculate based on the ratio of the **"Number of Children Served Year to Date"** in comparison to the total **"Number of DSS Income-Eligible, Foster Care, and Adoptive Children Served"** in the quarter.

Reset: Click this button to clear your entries.

Save Quarterly Totals: Click this button to save your entries or to skip this page if you wish to move forward in the report and come back to this page later.

SCREENINGS/ASSESSMENTS:

Enter requested data to indicate the level of service you provided during the reporting quarter.

Children by Age: Enter the total number of new screenings/assessments completed for each of the following age groups:

- 0-12 months
- 13-24 months
- 2 – 5 years
- 5 + years

Number of Developmental Screenings Completed: The number of developmental screenings completed.

Number of Children at Appropriate Level: The number of children assessed and found to be at the appropriate developmental level.

**CHILD CARE FACILITY IMPROVEMENT GRANT
QUARTERLY REPORT INSTRUCTIONS**

6

Number of Eligible Children Referred for Further Assessment Based on Developmental Screening Results: The number of children referred for further assessment because their ASQ results indicated deficiency or concern.

Number of Social/Emotional Screenings Completed: The number of social/emotional screenings completed.

Number of Children at Appropriate Level: The number of children assessed and found to be at the appropriate social/emotional developmental level.

Number of Children Referred for Further Assessment Based on Social/Emotional Screening Results: The number of children referred for further assessment because their social/emotional screening results indicated deficiency or concern.

Save Screenings/Assessments: Click this button to save your entries or to skip this page if you wish to move forward in the report and come back to this page later.

REFERRALS:

Enter information regarding all referrals made during the reporting quarter as a result of child screenings and assessments and the outcome data for those referrals, including whether a parent refuses to accept or follow through with the referral.

Add New Referral: Click this button to add referral information for a parent/substitute or child.

***Parent/Child Referred:** Enter the name of the child referred.

***Agency Referred To:** Enter the name of the agency to which the child was referred.

***Date of Referral:** Enter the date of the referral.

***Reason for Referral:** Enter a narrative explanation of why the referral was made.

Outcome of Referral: Enter a narrative explanation of what happened as a result of the referral once it is known.

Referral Complete? Click "Yes" once the referral has been completed, that is, the parent/substitute or the child has followed through with the referral and services have been received or the parent/substitute has indicated that they do not intend to complete the referral.

Save Referral: Click this button to save your entries, and you will be returned to the Referrals page where the referral you just entered and any previously entered referrals that are still pending will display. To add additional referrals, repeat the process outlined above.

Incomplete Referrals (use name as link for updating): Once a referral has been entered and saved, it will display on the Referrals page until it is marked as being complete. Click the actual name of the child referred for which you wish to document the outcome of a referral.

Update Referral Information screen will display.

Outcome of Referral: Enter a narrative explanation of what happened as a result of the referral once it is known.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

7

Referral Complete? Click this box when all actions regarding this referral have been entered, and you will be returned to the Referrals page. The "completed" referral will no longer display.

Save Updated Referral: Click this button to save your entries, and you will be returned to the Referrals page. To add additional referrals, repeat the process outlined above.

Delete Record: Click this button to delete the referral record.

Record will be deleted. Continue? Click "OK" if you want to delete the record; click "Cancel" if you do not want to delete the record. You will be returned to the Referrals page.

Skip/Done: Click this button when you have completed making entries or to skip this page if you wish to move forward in the report and come back to this page later.

PARENT EDUCATION INFORMATION:

Record specific educational activities or informational opportunities provided to families served by your child care and early education program throughout the reporting quarter. Each educational activity or informational opportunity should relate specifically to at least one of the Strengthening Families protective factors.

***Education Provided:** The educational activity or informational opportunity provided.

***Who Provided:** The person and/or institution that provided the educational activity or informational opportunity.

***Relative Protective Factor –Select Protective Factor - :** Use the dropdown box to select the Strengthening Families Protective Factor that most closely relates to the educational activity or informational opportunity that was provided. The Protective Factors are:

- Parental Resilience
- An Array of Social Connections
- Adequate Knowledge of Parenting and Child Development
- Concrete Support in Time of Need
- Healthy Social and Emotional Development of Children

***Begin Date:** The date the educational activity or informational opportunity began.

***End Date:** The date the educational activity or informational opportunity ended.

Clock Hours: The number of clock hours the educational activity or informational opportunity lasted, if applicable.

Credit Hours: The number of college credit hours awarded for the educational activity or informational opportunity, if applicable.

***Number of Parents Attending:** The total number of parents/substitutes who participated in the educational activity or informational opportunity.

***Number of Children Attending:** The total number of children who attended the educational activity or informational opportunity.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

8

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save Education: Click this button to save your entries. A "Question?" box will display. Answer "Yes" to add additional educational activities and informational opportunities and repeat the process outlined above. Answer "No" if you do not.

FAMILY NETWORKING OPPORTUNITIES INFORMATION:

Record specific networking opportunities provided to families served by your child care and early education program throughout the reporting quarter. Each networking opportunity should relate specifically to at least one of the Strengthening Families protective factors.

***Opportunity:** A title or short description of the networking opportunity provided to families.

***Relative Protective Factor –Select Protective Factor - :** Use the dropdown box to select the Strengthening Families Protective Factor that most closely relates to the educational activity or informational opportunity that was provided. The Protective Factors are:

- Parental Resilience
- An Array of Social Connections
- Adequate Knowledge of Parenting and Child Development
- Concrete Support in Time of Need
- Healthy Social and Emotional Development of Children

***Begin Date:** The date the networking opportunity began.

***End Date:** The date the networking opportunity ended.

Clock Hours: The number of clock hours the networking opportunity lasted, if applicable.

Credit Hours: The number of college credit hours awarded for the networking opportunity, if applicable.

***Number of Parents Attending:** The total number of parents/substitutes who participated in the networking opportunity.

***Number of Children Attending:** The total number of children who attended the networking opportunity.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save Networking: Click this button to save your entries. A "Question?" box will display. Answer "Yes" if you wish to add additional networking opportunities and repeat the process outlined above. Answer "No" if you do not.

GOALS AND OBJECTIVES:

The goals and strategies that you submitted in your application (or subsequently agreed to goals after award of your contract) will be entered into the database by the state agency and will display when you access your specific vendor data in the Quarterly Report database.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

9

Goal: 1, 2, 3 or 4

Description: Entered by the state agency from your application or subsequently agreed to after award of your contract.

Strategy: Entered by the state agency from your application or subsequently agreed to after award of your contract.

Previously Reported Progress: Any progress entered for this Goal and Strategy in a previous quarter will display.

Current Progress: Enter a description of the progress that you have made towards meeting the stated Goal and using the noted Strategy. The date you enter and save the Current Progress will be saved and display with the progress note.

Save Progress: When you have completed entry for an individual Goal and Strategy, click this button, and the next Goal and Strategy will display. Repeat the process as described above for each Goal and Strategy until you have recorded progress for each one.

COMMUNICATION PLAN INFORMATION:

***Date of Activity:** Enter the date of the communication activity.

***Activity:** Enter a short title of what the communication activity was, such as newsletter, flyer distribution, E-mail, etc.

Description: Enter a narrative description of the communication activity.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save Activity: Click this button to save your entry. A "Question?" box will display. Answer "Yes" if you wish to add additional Communication Plan Activities and repeat the process outlined above. Answer "No" if you do not.

COLLABORATION INFORMATION:

***Agency:** Enter the name of the entity/agency/organization with which you collaborated during the reporting quarter.

Nature of Collaboration: Enter a narrative description of the collaboration.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save Activity: Click this button to save your entry. A "Question?" box will display. Answer "Yes" if you wish to add additional Collaborations and repeat the process outlined above. Answer "No" if you do not.

Describe any challenges or roadblocks hindering progress towards stated goals and how they were overcome or the plan to overcome them:

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

10

Enter a short narrative description of any problems you encountered that have affected your ability to reach your goals and describe how you overcame or plan to overcome them.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save: Click this button to save your entry.

ADDITIONAL COMMENTS:

Enter any additional comments that you have about the Home Visitation Services program.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save: Click this button to save your entry.

QUESTIONS:

Enter any questions that you have about the Home Visitation Services program.

Skip: Click this button to skip this page if you wish to move forward in the report and come back to this page later.

Save: Click this button to save your entry.

EMPLOYEE INFORMATION:

Enter data for all employees (paid or non-paid) who provided services in your child care and early learning program during the reporting quarter. Once an employee has been entered, that employee's name will display on subsequent reports and information for that employee may be updated by clicking on that employee's name.

New Employee Information:

***First Name:** The first name of the employee.

***Last Name:** The last name of the employee.

***START DATE:** The date the employee began employment with your child care and early learning program.

END DATE: The date the employee ended employment with your child care and early learning program, when applicable.

TERMINATION REASON: The reason the person is no longer employed with your child care and early learning program, when applicable.

***TITLE:** The employee's job title. This should be updated if the employee's job position changes.

FCSR: The date of the Family Care Safety Registry screening for this employee.

CHILD CARE FACILITY IMPROVEMENT GRANT QUARTERLY REPORT INSTRUCTIONS

11

FINGERPRINT DATE: THIS IS NOT REQUIRED. The date that this employee's fingerprints were submitted through IBT for criminal background checks with the Missouri State Highway Patrol and the Federal Bureau of Investigation.

MO Education Matrix Level: THIS IS NOT REQUIRED. The level on the Missouri Education Matrix for Early Childhood, School-Age/After-School, and Youth Development Professionals assigned to this individual by the Professional Achievement and Recognition System (PARS) based on the employee's education and experience. (Missouri's Education Matrix and PARS information can be accessed at www.OPENInitiative.org.)

Save New Employee: Click this button to save your entries. Repeat this process as many times as necessary until all employees are added.

Skip: Click this button if you are finished or if you wish to skip this page and move forward in the report and come back to this page later.

**THIS IS THE END OF THE *DATA ENTRY* PORTION OF THE
QUARTERLY REPORT.**

You will be returned to the beginning of the Quarterly Report and given the opportunity to review the report.

Anything that displays in **blue** (including information that you have entered) on the report is an access link, and the displayed data can be edited. Once you have accessed the data that you wish to edit and made and saved the changes, you will be returned to the full report.

Any **dark green** boxes allow you to add data within the report. Click these to access the desired screen, add and save the data, and you will be returned to the full report.

Pend Report: If you are not finished with the report, click this button to save it so that you may access it later. While the report is being saved, the following message will display:

**SAVING REPORT.
DATA WILL BE LOST IF YOU EXIT BROWSER!**

Do not try to exit your browser or attempt any other computer functions while the report is being saved.

Complete Submit: If you are finished with the report, click this button to submit it to the state agency.

Submit Quarterly Report: Will display with the following information:

- **Name of the child care and early learning program**
- **Vendor number**

**CHILD CARE FACILITY IMPROVEMENT GRANT
QUARTERLY REPORT INSTRUCTIONS**

12

- **Contract number**
- **Amendment number**
- **Unique report number**
- **Program type**
- **DVN**
- **Report Quarter**
- **Report Year**
- **Authorization Signature:** The individual with authorization to submit the Quarterly Report enters their name.

Submit Report: Click this button to submit the report to the state agency.

If the submission was unsuccessful, you will receive a message to that effect and must determine the reason for the unsuccessful transmission, correct it, and then resubmit the report.

A "Question?" box will display indicating "Report Submitted Successfully" if the submission to the state agency was successful. Click "OK" to indicate acknowledgement. An automatic E-mail will be generated to the state agency advising them that your Quarterly Report has been submitted.